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SC DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BOARD OF LANDSCAPE ARCHITECTURAL EXAMINERS  
110 CENTERVIEW DRIVE (29210)  
POST OFFICE BOX 11419  
COLUMBIA, SC 29211-1419  
TELEPHONE (803) 896-4580 FAX (803) 896-4424

**APPLICATION FOR CERTIFICATE OF AUTHORIZATION (COA)**

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**ATTENTION CHECK WRITERS!** We gladly accept your checks. Please make all checks payable to LLR – Board of Landscape Architects. When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid.

**THE APPLICATION FEE FOR THE CERTIFICATE OF AUTHORIZATION IS \$200.00.**

This application is hereby submitted by the undersigned for authorization of the firm to provide landscape architectural services in the State of South Carolina pursuant to the provisions of Section 40-28-70, Code of Laws of South Carolina.

**I. BUSINESS INFORMATION:**

**Firm Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Responsible SC Landscape Architect:** \_\_\_\_\_

**Responsible SC Landscape Architect's License Number:** \_\_\_\_\_

**State of Original Incorporation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Out of state corporations must be registered with the South Carolina Secretary of State as a foreign corporation. A copy of the SC Registration Certificate or SC Articles of Incorporation must be attached to this COA Application form.**

**For additional information on filing with the SC Secretary of State, please contact their office at (803) 734-2158 or visit their website at [www.scsos.com/Business Filings](http://www.scsos.com/Business_Filings) .**

**II. Type of Organization (only an individual practicing landscape architecture in his/her name as individually licensed is exempt, i.e. John Doe, LA)**

\_\_\_\_ Business Corporation

\_\_\_\_ Professional Corporation

\_\_\_\_ Partnership

\_\_\_\_ Non-Exempt Proprietorship

\_\_\_\_ Limited Liability Company

\_\_\_\_ Limited Liability Partnership

**Tax ID Number:** \_\_\_\_\_  
(Application cannot be processed without Tax ID Number)

**III. IDENTIFY SOUTH CAROLINA LICENSED LANDSCAPE ARCHITECTS WITH CORPORATE RESPONSIBILITY FOR THE SC LANDSCAPE ARCHITECTURAL PRACTICES PROVIDED AND EACH BRANCH OFFICE LOCATION PROVIDING SUCH SERVICES (Please attach separate sheet if necessary):**

Name	SC Registration Number	Office Location

**IV. RESPONSIBLE LANDSCAPE ARCHITECT CERTIFICATION STATEMENT**

**I attest that I am a full time employee of this company in full authority and responsible charge of the firm's landscape architectural services.**

\_\_\_\_\_  
Signature of Responsible SC Landscape Architect

\_\_\_\_\_  
Print Name of Responsible SC Landscape Architect

\_\_\_\_\_  
SC License Number

\_\_\_\_\_  
Date

**V. MISCELLANEOUS INFORMATION** – *If your answer to any of the questions below is “yes,” please explain on a supplemental sheet.*

1. Has any state taken disciplinary action against your firm’s license? \_\_\_\_Yes \_\_\_\_No
2. Has your firm surrendered or allowed a professional or occupational registration/license to lapse in any jurisdiction due to any pending or threatened disciplinary action? \_\_\_\_Yes \_\_\_\_No
3. Has your firm been found by a court or registration board to have violated the landscape architectural laws or the professional/occupational laws of any jurisdiction? (If yes, provide dates and details including results of any appeals, if not previously provided to this board.) \_\_\_\_Yes \_\_\_\_No
4. Has your firm entered into any negotiated settlement with regard to professional or occupational registration laws? (If yes, provide dates and details including results of any appeals, if not previously provided to this board.) \_\_\_\_Yes \_\_\_\_No
5. Has any officer or principal of this organization or officer of the firm violated the professional/occupational laws of any jurisdiction? \_\_\_\_Yes \_\_\_\_No
6. Has this organization offered landscape architectural services under any other business name? \_\_\_\_Yes \_\_\_\_No

**If yes please provide:**

**Former Business Name:** \_\_\_\_\_

**Former Certificate of Authorization Number:** \_\_\_\_\_

*If you answer “Yes” to any of the above questions, please attach an explanation on a separate sheet including dates and states/jurisdictions where any action was taken. Additional documents from courts or other Board s may also be required.*

**VI. AFFIDAVIT**

\_\_\_\_ 1. The firm has neither offered/provided nor will we provide any landscape architectural services in the State of South Carolina prior to obtaining South Carolina registration.

\_\_\_\_ 2. The firm has offered/provided landscape architectural services in South Carolina under Certificate of Authorization #\_\_\_\_\_, which was valid for the following dates:

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_ 3. The firm offered and/or provided landscape architectural services in the State of South Carolina as herein listed (attach statement if necessary):

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I understand that our company is not licensed at this time to offer or perform landscape architectural services in the State of South Carolina and until such time as we are authorized by the South Carolina Board of Landscape Architectural Examiners, any work would be a criminal violation if the South Carolina Code of Laws.

The undersigned, being duly sworn, upon oath deposes and affirms that he/she has read, and that each person whose name is listed as responsible for the landscape architectural practice in South Carolina has also read, and agrees to adhere to the statutes and regulations enacted by the State for the corporate practice of landscape architecture in South Carolina. The aforementioned parties understand that information submitted on and in support of this application may be subject to public scrutiny or release under the South Carolina Freedom of Information Act or other provisions of federal and state law. Furthermore, the undersigned also affirms that all statements herein contained are true in substance and effect and are made in good faith.

\_\_\_\_\_  
Signature of Firm Representative (Owner, CEO, Managing Partner)

\_\_\_\_\_  
Printed Name of Firm Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

County of \_\_\_\_\_; State of \_\_\_\_\_

Subscribed and sworn to be before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name of Notary Public

Commission Expires: \_\_\_\_\_

(Seal)